

REQUEST TO USE INTERPRETER

Massage Therapist Examination

Instructions: Complete this form and return to Board of Massage Therapy, P.O. Box 3469, Honolulu, Hawaii 96801. You will be notified of the Board's decision in writing.

Date: _____

Name of Exam Candidate

Name of Interpreter

Address

Phone No. (Day)

Language Being Used

Phone No. (Day)

Relationship to Person Taking Exam

Exam Date

1. Has the interpreter ever been licensed as a massage therapist in this State or any other jurisdiction?YesNo
2. Does the interpreter have any technical knowledge in the field he/she is interpreting in?YesNo
3. Do you or the interpreter have any objections to having the interpretation taped?YesNo
4. Is the interpreter involved in or having any interest in the practice of massage, massage establishment or massage school?YesNo
5. What is the reason the interpreter is being requested? _____

Attestation:

We hereby certify that all answers and statements contained in this request are true and correct. I understand that misrepresentations made on this form is grounds for examination misconduct which may result in the invalidation of the entire exam score. I further certify that I have read, understand, and shall obey all the laws and rules pertaining to the Board of Massage Therapy and the policies regarding Exam Interpreter and Examination Misconduct.

Signature of Exam Candidate

Signature of Interpreter